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## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

DUE
DATES

DUE DATES:		F February 1 t February 15	o Com					-	Second Semest to County Superi to State Superint	ntender	ıt
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning											
CERTIF	ICATIO	N:									
The infor	mation on	this form is comple	ete and a	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						District I	.evel:	
36 Philli	ps		0647	Dodson I	Elem				Eleme	entary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	city	Inspection	Days Operated	s	Bus Driver's ocial Security #
60	2-A 36-2-A-116 No		orth	208	0.95	47		08/03/04			
60	2-A	2-A 36-2-A-116AN		120	0.95	47		08/03/04			
60	2-A	36-2-A-116BN	North	88	0.95	47		08/03/04			
60	2-A	36-2-A-133 So	outh	133	0.95	48		08/03/04			

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DUE DATES:		February 1 t February 15	o Com					-	Second Semest to County Superi to State Superint	ntenden	ıt
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning, 20 and ending, 20  month day month day											
CERTIF	ICATIO	N:									
The infor	mation on	this form is comple	ete and a	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:				District Level:				
36 Philli	ps		0648	Dodson I	HS				High S	School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Days Operated	s	Bus Driver's ocial Security #
40	С	C 36-2-A-116 Nor		208	0.95	47		08/03/04			
40	C	36-2-A-116AN		120	0.95	47		08/03/04			
40	C	36-2-A-116BN	North	88	0.95	47		08/03/04			
40	C	36-2-A-133 S	outh	133	0.95	48		08/03/04			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintend February 15 to State Superintendo			Second Semester y 10 to County Superint y 24 to State Superinten
COMPLE	TE THIS CLAIM FOR STATE REIMBUR	SEMENT FO	R SCHOOL BUS	TRANSPORTATION:
This claim	is for the period heginning	20	and anding	

DUE DATES:	3	February 1 February 1		• -			May 10 to County Superintendent May 24 to State Superintendent						
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TE	RANSPORT	<b>TATION</b>	<b>:</b>			
This clain	This claim is for the period beginning												
				month	day			month	d	lay			
CERTIF	ICATIO	N:											
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.							
Date			Signatu	ıre, Chair, Board	d of Trustees								
County:			District	t:					District L	evel:			
36 Philli	ips		0657	Saco H S	}				High S	School			
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #			
25	В	1		130	1.15	52	08/04/04						
25	В	2		135	0.95	42	09/02/04						
25	В	3		109	0.95	42	08/04/04						
25	D	1		06.7	00/04/04								

PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

**First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 36 Phillips 0659 Malta K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 14A 1 76 1.15 53 08/17/04 2 100 14A 76.4 1.80 81 08/16/04 100 14A 3 110 0.95 08/11/04 36 100 14A 3-non 110 0.50 36 08/11/04 100 14A 4 93 0.95 21 08/04/04 100 14A 5 85 1.57 77 08/04/04 52 100 14A 6 92 1.15 07/27/04 100 14A 6-NON 92 0.50 52 07/27/04

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State	
District	
County	

<b>DUE</b>
DATES

		— 11010	iia, ivi	1 39020-23	01					
DUE DATES:	rebruary 1 to County Supermittendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	HOOL BUS TRAN	NSPORTATION:		
This clair	n is for the	period beginning			,	20 and e	nding	,2	20	
				month	day		_	onth da	y	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District Lev	vel:	
36 Philli	ps		0663	Whitewa	ter K-12 S	Schools		High So	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	D	1		162	1.15	54	08/16/04			
100	D	2		143	0.95	49	08/04/04			
100	D	3		80	1.15	54	08/15/04			
100	D	4		158	0.95	48	08/04/04			
100	D	5		48	0.95	36	08/04/04			
100	D	6		118	0.95	43	08/04/04			

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DUE DATES:	February 1	First Semester to County Superion to State Superion			ıt				
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEME	ENT FO	R SCHOOL	BUS TRANSPORT	TATION:		
This claim	This claim is for the period beginning, 20 a				and ending, 20				
	month day					month day			
CERTIFI	CATION:								
The inform	nation on this form is comp	lete and accurate to t	he best of my	knowledg	е.				
Date		Signature, Chair, Boa	ard of Trustees						
County:		District:			<u> </u>		District Level:		

36 Philli	ps	1	1203 Saco Elem				Elementary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
75	12A	1	130	1.15	52	08/04/04			
75	12A	2	135	0.95	42	09/02/04			
75	12A	3	109	0.95	42	08/04/04			
75	12A	4	96.7	1.15	52	08/04/04			